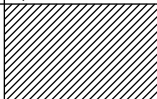


Form **W-4**Department of the Treasury  
Internal Revenue Service**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**2004**

► **Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.**

|  |  |           |  |   |  |
|--|--|-----------|--|---|--|
| 1 Type or print your first name and middle initial   |  | Last name |  | 2 Your social security number   |  |
| Home address (number and street or rural route)  |  |           |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |
| City or town, state, and ZIP code  |  |           |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>   |  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  |           |  | 5 <input type="text"/>  |  |
| 6 Additional amount, if any, you want withheld from each paycheck . . . . .  |  |           |  | 6 \$ <input type="text"/>   |  |
| 7 I claim exemption from withholding for 2004, and I certify that I meet <b>both</b> of the following conditions for exemption:<br>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability <b>and</b><br>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ► |  |           |  |    |  |
| 7  |  |           |  |   |  |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

**Employee's signature**(Form is not valid  
unless you sign it.) ►**Date ►**

|   |  |                          |   |
|---|--|--------------------------|---|
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) |  | 9 Office code (optional) | 10 Employer identification number (EIN) |
|---|--|--------------------------|---|